State of Minnesota
The Office of Ombudsman for
Mental Health and Developmental Disabilities
121 7th Place E. Suite 420 Metro Square Building, St. Paul, Minnesota 55101-2117
Voice: 651-296-3848 or Toll Free: 1-800-657-3506 TTY/Voice – Minnesota Relay Service 711

What Makes an Injury Serious Enough to Report?

FRACTURES

All fractures including those of the hands, feet, fingers and toes should be reported. Cracked bones and non-displaced fractures are reportable.

DISLOCATIONS

All dislocations of joints should be reported.

INTERNAL INJURIES

Examples include: internal bleeding or hemorrhaging, damage to an organ such as the liver or spleen.

HEAD INJURIES WITH LOSS OF CONSCIOUSNESS

Head injuries need not be reported unless there is an associated loss of consciousness. This means that bumps or bruises would not be reported unless the client lost consciousness. There has been some question about the loss of consciousness associated with a seizure which resulted in a head injury and whether or not this meets the statutory definition. The Office monitors head injuries associated with loss of consciousness. The loss of consciousness can come before or after the injury. Therefore, head injuries sustained because of seizures should be reported.

LACERATIONS ASSOCIATED WITH DAMAGE TO TENDONS, ORGANS OR COMPLICATIONS

Lacerations should be reported when the injury involves a nerve, a tendon or an organ. A laceration that requires suturing need not be reported unless it involves the situations listed above. However, if the same laceration later becomes infected and now requires the administration of antibiotics or other medical intervention, the injury involves a complication and should be reported.

SECOND AND THIRD DEGREE BURNS, AND BURNS FOR WHICH COMPLICATIONS ARE PRESENT

The Office uses the following classifications of burns: The statutory definition includes the term “extensive.” Therefore, the Office suggests you call with all second and third degree burns.
First Degree: Reddened only on the top layer of skin. No blistering is involved. These burns need not be reported unless complications occur.
Second Degree: There is blistering, mottling of the surface and pain.
Third Degree: This injury extends down to the subcutaneous tissue, muscle or bone. In some cases the area is actually charred.

SECOND AND THIRD DEGREE FROSTBITE AND THOSE FOR WHICH COMPLICATIONS ARE PRESENT

The Office uses the following classifications for frostbite:
First Degree: Exposure to low temperatures that involve only the top lay of skin and may be characterized by redness, swelling and a feeling of cold that may lead to temporary discomfort. These need not be reported unless complications occur.
Second Degree: Affects the top layer and the next layer of skin. It is characterized by a waxy white color and skin is cold to the touch. Clear blisters form up to 36 hours after the exposure.
Third Degree: Affects the top layer of the skin and the tissue and muscle beneath. The flesh is hard, cold to the touch and bluish gray in color. There is no pain. As the tissue warms, the client experiences pain and swelling. The appearance of multiple, large blood-filled blisters indicate severe and deep tissue injury.
The statutory definition includes the term "extensive." Therefore, the Office suggests that you report all cases of second and third degree frostbite.

IRREVERSIBLE MOBILITY OR AVULSION OF TEETH

When dental injuries occur that involve either the loss of a tooth or teeth at the time of the injury, or removal later because the tooth or teeth cannot be saved, the injury should be reported. Note: This does not refer to planned dental extraction because of disease or other non-injuries. Only those avulsions which occur because of an injury should be reported.

INJURIES TO THE EYE

The law does not define which injuries to the eye are "serious." However, something in the eye which irritates the cornea and causes mild discomfort would not need to be reported. If at a later time, however, an infection occurs that requires medical intervention and the uncomplicated minor injury results in the threatened loss of eyeball or visual acuity, it should be reported. Traumatic injuries that puncture the eyeball, that cause bleeding in the eye, or any injury requiring care to maintain the physical structure or vision should be reported.

INGESTION OF POISON OR HARMFUL SUBSTANCES

Many of the people served by the Office have pica or pica-like behaviors that involve ingesting not-nutritive substances. Unless the ingestion actually cases a serious injury, such as bowel obstruction, internal bleeding, or esophageal burns, it need not be reported. It is important to distinguish behavior from outcome. The behavior need not be reported; however, if the client is seriously injured because of the behavior, it should be reported.

NEAR DROWNING

When interventions are required to sustain the life of the client who nearly drowns, the injury caused by the near drowning should be reported. Additionally, if there are complications because of the episode, such as pulmonary or lung inflammation, the injury should be reported.

HEAT EXHAUSTION OR SUNSTROKE

These conditions are caused by exposure to excessive heat and marked by dry skin, dizziness, headache, thirst, nausea and muscular cramps. In sunstroke, the body temperature may be dangerously elevated. In heat exhaustion, the temperature may be below normal. Transient dizziness may not need to be reported; however, if the client requires medical intervention to manage the symptoms, this should be reported.

ALL OTHER INJURIES CONSIDERED SERIOUS BY A PHYSICIAN

This is language from the statute. We have defined it by making three categories:

1. Complications of a previous injury.

2. Complications of medical treatment.

3. Other.

We ask that instances of self-injurious behaviors (SIB) or suicide attempts be reported to the Office, when the injury results in hospitalization of the client or the need for medical treatment.

QUESTIONS REGARDING THE MANDATORY REPORTS OF DEATH AND SERIOUS INJURY

1. When should a report be made?
   According to the statute, the report should be made within 24 hours of the death or serious injury. In some cases, you may be unaware of the exact time of injury or death. In that event, the report should be made within 24 hours of your learning of the death or serious injury. After you have faxed the information or called the Office (left a message with a staff person or on voice mail), you have met the statutory requirement. Keep in mind that calls may not be returned until the next working day. If you are unable to fax the report of death or injury, please make certain you speak clearly and leave a telephone number, with the area code, when you call.

2. How can complications be reported within 24 hours of an injury?
   In most cases, complications will not be known within 24 hours of the injury. Please make the report within 24 hours of learning of the complication.

3. How do I report a Death or Serious Injury?

   On-Line Reporting for a Death:
   http://mn.gov/ombudmhdd/report-death-or-serious-injury/death-reporting-form/

   On-Line Reporting for a Death:
   http://mn.gov/ombudmhdd/report-death-or-serious-injury/serious-injury-form/

   Fax:
   You may complete the appropriate form, which is available at http://mn.gov/ombudmhdd/report-death-or-serious-injury/ and fax it to our office at 651-797-1950, or

   Call:
   You may call our Office at 651-757-1800, toll free at 1-800-657-3506, or TTY/Voice 711.

4. Who can we call if we have other questions?
   Calls can be made to the Medical Review Coordinator at the following numbers: In the metro area 651-757-1800, toll free at 1-800-657-3506 or TTY/Voice 711.